

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90126 043 \*\*\*\*50.00

**DOCUMENT # L04000071028**

1. Entity Name  
**RJM PROPERTIES, LLC**



Principal Place of Business  
**4100 CENTER POINTE DRIVE, SUITE 106  
FORT MYERS, FL 33916**

Mailing Address  
**4100 CENTER POINTE DRIVE, SUITE 106  
FORT MYERS, FL 33916**

2. Principal Place of Business

**6150 Diamond Center Ct.**

3. Mailing Address

**6150 Diamond Center Ct.**

Suite, Apt. #, etc.  
**Bldg. 500**

Suite, Apt. #, etc.  
**Bldg. 500**

City & State  
**Ft. Myers, FL**

City & State  
**Ft. Myers, FL**

Zip  
**33912**

Country  
**US**

Zip  
**33912**

Country  
**US**

04192005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1687322**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**EBELINI, MARK A ESQ.  
KNOTT, CONSOER, EBELINI, HART & SWETT, PA  
1625 HENDRY STREET, SUITE 301  
FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

Name  
**R.J. McCormack**  
Street Address (P.O. Box Number is Not Acceptable)  
**6150 Diamond Center Ct.  
Bldg. 500  
Ft. Myers, FL 33912**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
**MGRM**  
NAME  
**MCCORMACK, RICARDO J**  
STREET ADDRESS  
**4100 CENTER POINTE DRIVE, SUITE 106**  
CITY-ST-ZIP  
**FORT MYERS, FL 33916**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**6150 Diamond Center Ct. 500  
Ft. Myers, FL 33912**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am amanaging member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #